

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed

6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

GRETCHEN

B

FAGAN

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1314 PINE BROOK TOMBALL, TX  
77375☐ Change of Address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 351 5191

6 CAMPAIGN  
TREASURER  
NAME

MR / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

PATRICIA

G

PAT

BAILEY

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1319 DOVE TRAILS TOMBALL TX 77375

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 351 2088

9 REPORT TYPE

☐

January 15

☐

30th day before election

☒

Final report (Attach C/OH - FR)

☐

Exceeded \$500 limit

☐

July 15

☐

8th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

5 / 5 / 07

6 / 30 / 07

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 12 / 07

☒

Primary

☐

Runoff

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Mayor

~~CITY COUNCIL POS. 3~~

13 OFFICE SOUGHT (if known)

MAYOR TOMBALL TX

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME GRETCHEN FAGAN 16 ACCOUNT # (Ethics Commission Filers) 1

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 63 <sup>19</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 143 <sup>59</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 544 <sup>41</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

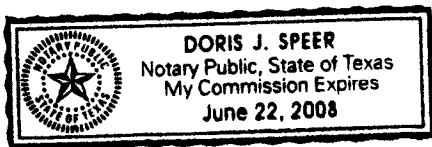
\$ - 0 -

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Gretchen Fagan*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Fagan, this the 16th day of July, 20 07, to certify which, witness my hand and seal of office.

*Doris J. Speer*

Signature of officer administering oath

Doris J. Speer

Printed name of officer administering oath

City Secretary

Title of officer administering oath



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

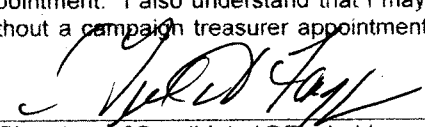
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

**1 C/OH NAME**

GRETCHEN FAGAN

**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder
**4 FILER WHO IS NOT AN OFFICEHOLDER**.. Complete A & B below only if you are not an officeholder. ..**A. CAMPAIGN FUNDS**

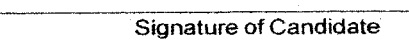
Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

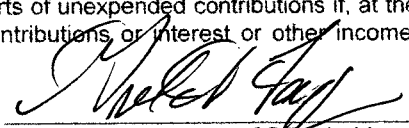
**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
 Signature of Candidate
**5 OFFICEHOLDER**.. Complete this section only if you are an officeholder ..

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

  
 Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. <b>1</b>	
2 FILER NAME <b>GRETCHEN FAGAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-11-07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BROCKS KEYS</b>	7 Amount of contribution (\$) <b>20<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>204 HOLDERRETH TOMBALL TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-11-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SHARLA GIST (ADMINISTRATIONS REFUND)</b>	Amount of contribution (\$) <b>43 19</b>	In-kind contribution description (if applicable) <b>NOT SURE WHERE TO LIST THIS REFUND</b>
Contributor address; City; State; Zip Code <b>11107 WINSPRING DR TOMBALL TX 77377</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>CAMPUS</b>		Employer (See Instructions) <b>REFUND OF BUTTONS NOT PROVIDED AS ORDERED 4-4-07</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-12-07

JAMES R. MCKINNEY

6 Payee address; City; State; Zip Code

1945 W. BELL HOUSTON, TX 77019

140.00

8 Purpose of payment (See instructions regarding type of information required.)

FRUIT & CHEESE TRAYS VICTORY  
DRINKS & ICE PARTY  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-12-07

CHAMPION DONUTS

Payee address; City; State; Zip Code

701 E. MAIN

TOMBALL TX  
77375

75.00

Purpose of payment (See instructions regarding type of information required.)

ELECTION DAY REFRESHMENTS  
KOLACHES & DONUTS  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-12-07

KLEINS GROCERY

Payee address; City; State; Zip Code

1200 W MAIN TOMBALL, TX

77375

95.00

Purpose of payment (See instructions regarding type of information required.)

ICE, SODAS, WATER, PLATES, NAPKINS  
ELEC DAY & VICTORY PARTY REFRESHMENTS  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-12-07

KEVIN TRAHAN

Payee address; City; State; Zip Code

30815 QUINN RD TOMBALL, TX 77375

50.00

Purpose of payment (See instructions regarding type of information required.)

HAM FOR VICTORY PARTY

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <b>GRETCHEN FAGAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-20-07</b>	5 Payee name <b>TEAM (TOMBALL EMERGENCY ASSISTANCE MINISTRIES)</b>	7 Amount (\$) <b>40<sup>83</sup></b>	
6 Payee address, City, State, Zip Code <b>300 W. MAIN TOMBALL TX 77375</b>			
8 Purpose of payment (See instructions regarding type of information required.) <b>DONATION TO CLENA ACCOUNT</b> (If travel outside of Texas, complete Schedule T)		<div style="border: 1px solid black; padding: 2px;"> <b>ALSO DONATED 400 POST CARD STAMPS @ 24¢</b> </div>	
Date	Payee name	Amount (\$)	
	Payee address, City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<div style="border: 1px solid black; padding: 2px;"> <b>LEFT OVER</b> </div>	
Date	Payee name	Amount (\$)	
	Payee address, City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<div style="border: 1px solid black; padding: 2px;"> <b>LEFT OVER</b> </div>	
Date	Payee name	Amount (\$)	
	Payee address, City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<div style="border: 1px solid black; padding: 2px;"> <b>LEFT OVER</b> </div>	
Date	Payee name	Amount (\$)	
	Payee address, City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<div style="border: 1px solid black; padding: 2px;"> <b>LEFT OVER</b> </div>	